Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Curlin FA, Lawrence RE, Chin MH, Lantos JD. Religion, conscience, and controversial clinical practices. N Engl J Med 2007;356:593-600.



THE ROBERT WOOD JOHNSON CLINICAL SCHOLARS PROGRAM AT THE UNIVERSITY OF CHICAGO

Religion and Spirituality in Medicine: Physicians' Perspectives

Supported By
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Participation is voluntary. The questionnaire takes about 10 minutes to complete. Your responses will be confidential and your name will not be matched to your answers. If you are not comfortable answering any particular items, just leave those blank. Please feel free to write additional comments on your questionnaire.

Thank you for your participation!

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NOTE: Though we recognize that a person may be *spiritual* without being *religious* (and vice versa), for the purposes of this study, the two terms are generally considered together.

SECTION A. YOUR PERSPECTIVE ON RELIGION/SPIRITUALITY AND HEALTH.

1.	Overall, how much influence do you think religion/spirituality has on patients' health?
	\square_1 Very much
	\square_2 Much
	\square_3 Some \square_4 A little
	\square_5 Very little to none
2.	Is the influence of religion/spirituality on health generally positive or negative?
	\Box_1 Generally positive
	\square_2 Generally negative
	\square_3 Equally positive and negative \square_4 It has NO influence
3.	Do you think God or another supernatural being ever intervenes in patients' health?
	\Box_1 Yes
	\square_2 No
	\square_3 Undecided
4.	In general is it appropriate or inappropriate for a physician to discuss religious/spiritual issues when a patient brings them up?
	\Box_1 Always appropriate
	\square_2 Usually appropriate
	\square_3 Usually <i>in</i> appropriate
	\square_4 Always <i>in</i> appropriate
5.	In general, is it appropriate or inappropriate for a physician to <u>inquire</u> about a patient's
٥.	religion/spirituality?
	\Box_1 Always appropriate
	\square_2 Usually appropriate \square_3 Usually <i>in</i> appropriate
	\square_3 Osuany <i>in</i> appropriate \square_4 Always <i>in</i> appropriate
	-4

6.	6. When, if ever, is it appropriate for a physician to <u>talk about his or her own religious beliefs or experiences</u> with a patient?				s or		
	\Box_0 Never \Box_1 Only when the patient as \Box_2 Whenever the physician		would be	appropriate			
7.	When, if ever, is it appropriate for a p	hysician t	to <u>pray</u> w	ith a patient?			
	\Box_0 Never \Box_1 Only when the patient as \Box_2 Whenever the physician		would be	appropriate			
To v	what extent do you agree or disagree	with the	following	statements?			
8.	I would feel <u>comfortable</u> discussing a them up.	patient's	religious	spiritual conce	erns if the	e patient b	rought
	\Box_1 Strongly agree						
	\square_2 Agree						
	\square_3 Disagree \square_4 Strongly disagree						
9.	I enjoy discussing religious/spiritual is	ssues witl	h patients				
	\Box_1 Strongly agree						
	\square_2 Agree \square_3 Disagree						
	\square_4 Strongly disagree						
	\square_5 Does not apply						
10		, -					
10.	In your experience, how often have yo [If you don't see patients, magnetic states of the control						
		Never	Rarely	Sometimes	Often	Always	Not Apply
a)	mentioned religious/spiritual issues like God, prayer, meditation, the						
	Bible, etc.			\square_2	\square_3	4	\bigsqcup_{5}
b)	received emotional or practical support from their religious						
	community			\square_2	□ ₃	4	\square_5
c)	used religion/spirituality as a reason to avoid taking responsibility for						
	their own health		1		<u></u> 3	4	□5

11.	Considering your experience, how often do you think religion/spirituality						
		Never	Rarely	Sometimes	Often	Always	Not Apply
a)	helps patients to cope with and endure illness and suffering		\square_1			\Box_4	\square_5
b)	causes guilt, anxiety, or other negative emotions that lead to increased patient suffering		\Box_1	\square_2	\square_3	\Box_4	\square_5
c)	gives patients a positive, hopeful state of mind			\square_2	\square_3	\Box_4	\square_5
d)	leads patients to refuse, delay, or stop medically indicated therapy		\Box_1	\square_2	\square_3	\Box_4	
e)	helps to prevent "hard" medical outcomes like heart attacks, infections, or even death				\square_3	\Box_4	
	 12. How often would you say that the experience of illness increases patients' awareness of and focus on religion/spirituality? □₀ Never □₁ Rarely □₂ Sometimes □₃ Often □₄ Always □₅ Does not apply 						
13.	Do you ever <u>inquire</u> about patients' re ☐₁ Yes ☐₂ No ☐₃ Does not apply – I don't see pa		(If Ye 13a.		ly etimes n ays ave patie ble when er ly etimes n	ents seemed	

14.	In the following clinical situation	s, how often do you i	inquire about religious	/spiritual issues?
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When a patient

You inquire about religious/spiritual issues:

		Never	Rarely	Sometimes	Often	Always	Not Apply
a)	presents with a minor illness or injury		\Box_1	\square_2	\square_3	\square_4	\square_5
b)	faces a frightening diagnosis or crisis	\Box_0	\Box_1	\square_2	\square_3	\Box_4	\square_5
c)	faces the end of life	\Box_0	\Box_1	\square_2	\square_3	\Box_4	\square_5
d)	suffers from anxiety or depression	\Box_0	\Box_1	\square_2	\square_3	\square_4	
e)	comes for a history and physical		\Box_1	\square_2	\square_3	\Box_4	\square_5
f)	faces an ethical quandary	\Box_0		\square_2	\square_3	\square_4	\square_5

15. When religious/spiritual issues come up in discussions with patients, how often do you respond in the following ways?

		Never	Rarely	Sometimes	Often	Always	Not Apply
a)	I listen carefully and empathetically			\square_2	\square_3	\Box_4	\square_5
b)	I try to change the subject in a tactful way		\Box_1	\square_2	\square_3	\Box_4	
c)	I encourage patients in their own religious/spiritual beliefs and practices		\Box_1	\square_2	\square_3	\Box_4	\square_5
d)	I respectfully share my own religious ideas and experiences			\square_2	\square_3	\Box_4	
e)	I pray with the patient		\Box_1	\square_2	\square_3	\Box_4	\square_5

16.	A patient presents to you with continued deep grieving two months after the death of his wife. If you were to refer the patient, to which of the following would you prefer to refer first?
	\Box_1 A health-care chaplain
	\square_2 A clergy member or other religious counselor
	\square_3 A psychiatrist or psychologist
	\Box_4 Other (specify)
17.	In your experience with chaplains and other pastoral care professionals, have you been:
	\square_1 Very satisfied
	\square_2 Satisfied
	\square_3 Dissatisfied
	\square_4 Very dissatisfied
	\square_5 I have had no prior experience
18.	Do any of the following discourage you from discussing religion/spirituality with patients? (Check all that apply)
	\Box_1 General discomfort with discussing religious matters
	\square_2 Insufficient knowledge/training
	\square_3 Insufficient time
	\square_4 Concern about offending patients
	\square_5 Concern that my colleagues will disapprove
	\square_6 Other
19.	Overall, do you think the amount of time you spend addressing religious/spiritual issues is: $\Box_1 \ \text{Too much}$ $\Box_2 \ \text{Too little}$ $\Box_3 \ \text{The right amount}$
20.	Have you had any formal training regarding religion/spirituality in medicine?
	 □¹ Yes □² No 20a. (If Yes) Was it in any of the following (Check all that apply) □¹ Medical school course □² Book or CME literature □³ Grand rounds or other conference □⁴ Training from your religious tradition □⁵ Other → Specify

Controversial Issues in Medicine:

21. Please note if you object to any of the following medical practices, and if so, whether your objection is for <u>religious</u> reasons, reasons <u>unrelated to religion</u>, or <u>both</u>.

	objection is for <u>rengious</u> reasons, reasons <u>unrelated to rengion</u> , or <u>both</u> .					
		I have no objection	I have religious objections	I have non-religious objections	I have <u>both</u> religious and non-religious objections	
a)	Physician assisted suicide	\square_1	\square_2	\square_3	□ ₄	
b)	Sedation to unconsciousness in dying patients	\Box_1	\square_2	\square_3	\square_4	
c)	Withdrawal of artificial life support	\Box_1	\square_2		\square_4	
d)	Abortion for congenital abnormalities	\Box_1	\square_2	\square_3	\square_4	
e)	Abortion for failed contraception	\Box_1	\square_2	\square_3	\square_4	
f)	Prescription of birth control to teenagers between the age of 14 and 16 if their parents do not approve		\square_2		\Box_4	
22.	If a patient requests a legal medical proprocedure for religious or moral reason		he patient's pl	hysician objects	to the	

22.	If a patient requests a legal medical procedure, but the patient's physician objects to the
	procedure for religious or moral reasons:

a.	Does the physician have an obligation to present all possible options to the patient
	including information about obtaining the requested procedure?
	\square_1 Yes
	\square_2 No
	\square_3 Undecided
1	

Does the physician have an obligation to refer the patient to someone who does not object to the requested procedure?
\Box_1 Yes
\square_2 No
\square_3 Undecided

c.	Would it be ethical for the physician to plainly describe to the patient why he or she
	objects to the requested procedure?
	\Box_1 Yes
	\square_2 No

 \square_3 Undecided

SECTION B: YOUR RELIGIOUS/SPIRITUAL CHARACTERISTICS. Whether you consider yourself religious, spiritual, or neither, your perspective is IMPORTANT.

	To what extent do you consider yourself a \square Very religious	ciigious pers	son? would	you say you are	•••
	\square_2 Moderately religious				
	\square_3 Slightly religious				
	\square_4 Not religious at all				
24.	To what extent do you consider yourself a s	spiritual pers	on? Would y	ou say you are	
	\Box_1 Very spiritual				
	\square_2 Moderately spiritual				
	\square_3 Slightly spiritual				
	\square_4 Not spiritual at all				
25.	Do you believe in God?				
	\Box_1 Yes				
	\square_2 No				
	\square_3 Undecided				
26.	Do you believe there is a life after death?				
	\square_1 Yes				
	\square_2 No				
	\square_3 Undecided				
27.	Think about how you try to understand and			s in your life: T	o what
27.				s in your life: T Somewhat	o what Not at all
27.	Think about how you try to understand and	the way you of A great	cope? Quite a	•	
27. a) b)	Think about how you try to understand and extent is each of the following involved in a large of the situation and	the way you g A great deal	Quite a bit	Somewhat	Not at all

29.	\square_2 Less than once a year \square_3 About once or twice a year	\Box_6 Two or the \Box_7 Nearly eve \Box_8 Every wee \Box_9 Several tire	ry week k	nonth	
30.	\square_2 Atheist \square_6 Jewish \square_3 Agnostic \square_7 Mormon	\square_9 Protestant \square_{10} Roman Ca \square_{11} Eastern O \square_{12} Other (ple	rthodox (Ru		x, etc.)
31.	Is your current religious affiliation the same as th \square_1 Yes \square_2 No	e one in which	n you grew	up?	
32.	To what extent do you agree with the following s	Strongly	Agree	Disagree	Strongly
a)	I feel a deep sense of responsibility for reducing pain and suffering in the world	agree	\square_2		disagree
b)	The family in which I was raised emphasized the importance of serving those with fewer resources		\square_2	\square_3	\Box_4
c)	For me, the practice of medicine is a <u>calling</u> .		\square_2	\square_3	\Box_4
d)	My religious beliefs influence my practice of medicine.		\square_2	\square_3	\Box_4
e)	I find it challenging to remain faithful to my religion in my work as a physician.		\square_2	\square_3	\Box_4
f)	My experiences as a physician have caused me to question my religious beliefs		\square_2	\square_3	\Box_4
g)	I try hard to carry my religious beliefs over into all my other dealings in life		\square_2	\square_3	\Box_4
h)	My whole approach to life is based on my religion		\square_2	\square_3	\Box_4

	If you were to consider your life in generare, on the whole?	ral these da	ys, how ha	ppy or unl	nappy wou	ld you say y	ou
	\Box_1 Very hap	1 5					
	\square_2 Fairly ha \square_3 Not very						
	\square_4 Not at al						
34.	In general, would you say your own heal	th is:					
	\square_1 Excellen	t					
	\square_2 Good \square_3 Fair						
	\square_4 Poor						
SEC	CTION C: DEMOGRAPHICS AND YO	OUR MED	ICAL PR	ACTICE			
35.	On the whole, how satisfied or dissatisfied \Box_1 Very satisfied \Box_2 Moderate \Box_3 A little d	isfied ely satisfied lissatisfied	-	work as a p	hysician?		
	\square_4 Very dis	satisiied					
36.	Please estimate how many hours you spe	end weekly	in: Out	patient car	e:h	ours	
			Inpa	tient care:	l	nours	
37.	Please estimate how many patients you h	nave taken o	care of in t	he past 12	months wi	th the	
	following conditions	None	1-3	4-10	11-20	> 20	
a)	Critical, life threatening illness			\square_2	\square_3	\square_4	
				□2	3	4	
b)	A new diagnosis of a life-threatening disease					□ ₄	
b)							
,	disease						
c)	disease Severe disability or chronic pain.			\square_2	\square_3	\Box_4	

Plea	se answer the following items for your <u>primary</u> site of clinical practice.
38.	Please estimate what percentage of your patients are:
	a. uninsured %
	b. recipients of Medicaid%
	c. over 65 years of age%
39.	Please estimate what percentage of your patients are from the following ethnicities:
	a. White or Caucasian%
	b. Black or African-American %
	c. Latino or Hispanic%
	d. Asian %
	e. Native American %
	f. Other %
40.	Are you currently a resident or fellow in a training program?
	\Box_1 Yes
	\square_2 No
41.	Is your practice in an academic medical center or teaching hospital?
	\Box_1 Yes
	\square_2 No
42.	Is your place of practice religiously oriented or "faith-based"?
	\Box_1 Yes
	\square_2 No
43.	Is your patient population considered <u>underserved</u> ?
	\Box_1 Yes
	\square_2 No
44.	Do you receive educational loan repayment for working in your setting?
	\Box_1 Yes
	\square_2 No
45.	Is your practice in one of the following?
	\Box_1 Free clinic
	\square_2 Community Health Center or Migrant Health Center
	\square_3 Other <i>rural</i> health center
	□ ₄ Public or County Hospital
	\square_0 None of the above

16.	Do you consider yourself Hispanic or of Spanish or Latin-American origin?
	\Box_1 Yes
	\square_2 No
7.	How do you classify your race? (Check only one)
	\Box_1 Asian \rightarrow 47a. Do you think of yourself as
	\Box_1 East Asian or Pacific Islander
	\Box_2 South Asian
	☐ ₃ Other Asian
	☐ 2 Black or African-American ☐ American Indian or Aleskan Native
	\square_3 American Indian or Alaskan Native \square_4 White or Caucasian
	·
	\square_5 Other
elig	bu would be willing to participate in a brief (15 to 20 minute) confidential phone interview about ion/spirituality in the practice of medicine, please check this box and indicate below the best and manner to reach you. A portion of respondents who volunteer will be called.
elig	ion/spirituality in the practice of medicine, please check this box \(\Box \) and indicate below the best and manner to reach you. A portion of respondents who volunteer will be called.
elig	ion/spirituality in the practice of medicine, please check this box \(\Box \) and indicate below the best and manner to reach you. A portion of respondents who volunteer will be called. • Phone number: ()
elig	ion/spirituality in the practice of medicine, please check this box and indicate below the best and manner to reach you. A portion of respondents who volunteer will be called. • Phone number: () • E-mail: • FAX:
elig	ion/spirituality in the practice of medicine, please check this box and indicate below the best and manner to reach you. A portion of respondents who volunteer will be called. • Phone number: ()

Please return this survey in the enclosed, postage-paid envelope. THANK YOU FOR PARTICIPATING!

Calculation of survey response rate:

Of the 2000 potential respondents, 1144 participated in the survey. Forty-seven questionnaires were returned by the postal service as undeliverable and were therefore considered ineligible. To estimate the proportion of the remaining 809 questionnaires that was mailed to eligible physicians, we did the following: At the close of data collection, we used identical telephone and internet search techniques to try to locate and contact 30 physician respondents and 30 physicians from those with unknown eligibility. We were able to locate 27/30~(0.90) respondents and 22/30~(0.73) of those with unknown eligibility, and therefore estimated that 83%~(1-(0.90-0.73)) of the 809 unknowns were in fact eligible. Our estimated response rate among eligible physicians is therefore 63%~(Response~Rate~4~from~the~American~Association~for~Public Opinion~Research~Standards~Definitions: <math>1144/(1144+0.83*809)).

1. Standard definitions: final dispositions of case codes and outcome rates for surveys: American Association for Public Opinion Research; 2004:pp28-29 Available at www.aapor.org